Company Tracking Number: ARCH-07-245

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: General Liability Declaration Page Filing
Project Name/Number: General Liability Declaration Page Filing/

# Filing at a Glance

Company: Arch Insurance Company

Product Name: General Liability Declaration SERFF Tr Num: REGU-125405268 State: Arkansas

Page Filing

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: ARCH-07-245 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Authors: Jeremy Battles, Christina Disposition Date: 01/03/2008

Abate

Date Submitted: 12/28/2007 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): Effective Date (Renewal):

State Filing Description:

#### **General Information**

Project Name: General Liability Declaration Page Filing Status of Filing in Domicile: Pending

Project Number: Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 01/03/2008

State Status Changed: 01/03/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Arch Insurance Company, a member of Insurance Services Office (ISO), is submitting an independent Commercial

General Liability declaration page.

Enclosed for your review:

SERFF Tracking Number: REGU-125405268 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: ARCH-07-245

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: General Liability Declaration Page Filing
Project Name/Number: General Liability Declaration Page Filing/

- Required State Filing Forms
- Explanatory Memorandum
- Form 05 GL0426 00 12 07 Commercial General Liability Policy Declarations

## **Company and Contact**

#### **Filing Contact Information**

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Jeremy Battles, Senior Analyst jeremybattles@ircllc.com

50 Broad Street (212) 571-3989 [Phone]

New York, NY 10004

**Filing Company Information** 

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri
One Liberty Plaza Group Code: 1279 Company Type: P&C

53rd Floor

New York, NY 10006 Group Name: Arch Capital State ID Number:

(212) 651-9863 ext. [Phone] FEIN Number: 43-0990710

-----

# **Filing Fees**

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Arch Insurance Company \$50.00 12/28/2007 17278168

Company Tracking Number: ARCH-07-245

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: General Liability Declaration Page Filing
Project Name/Number: General Liability Declaration Page Filing/

# **Correspondence Summary**

## **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/03/2008	01/03/2008

Company Tracking Number: ARCH-07-245

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: General Liability Declaration Page Filing
Project Name/Number: General Liability Declaration Page Filing/

## **Disposition**

Disposition Date: 01/03/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: ARCH-07-245

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: General Liability Declaration Page Filing
Project Name/Number: General Liability Declaration Page Filing/

Item Type Item Name Item Status Public Access

Yes

Supporting Document Uniform Transmittal Document-Property & Approved

Casualty

Supporting DocumentFiling AuthorizationApprovedYes

Form Commercial General Liability Policy - Approved Yes

**Declarations** 

Company Tracking Number: ARCH-07-245

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: General Liability Declaration Page Filing
Project Name/Number: General Liability Declaration Page Filing/

# **Form Schedule**

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Commercial	05	12 07	<b>Declaration New</b>		0.00	Program
	General Liability	GL0426		s/Schedule			CGL Dec
	Policy -	00 12 07					121307doc
	Declarations						05 GL0426
							00 12 07.pdf



(A Missouri Corporation)

Home Office Address: 3100 Broadway, Suite 511 Kansas City, MO 64111 Administrative Address: One Liberty Plaza, 53rd Floor New York, NY 10006 Tel: (800) 817-3252

#### **COMMERCIAL GENERAL LIABILITY POLICY**

#### **DECLARATIONS**

POLICY NO.:		RENEWAL OF:			
NAMED INSURED AND MAILIN	NG ADDRESS:	PRODUCER:			
POLICY PERIOD: From:	To:				
	12:01 A.M. Standard Time at y				
IN RETURN FOR THE PAYME POLICY, WE AGREE WITH Y THIS PREMIUM MAY BE SUBJ	NT OF THE PREMIUM, AND SUBJECT TO OU TO PROVIDE THE INSURANCE AS ECT TO ADJUSTMENT.	O ALL THE TERMS OF THIS S STATED IN THIS POLICY.			
LIMITS OF INSURANCE					
GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS- C		\$			
PRODUCTS COMPLETED OPE	ERATIONS AGGREGATE LIMIT	\$			
PERSONAL & ADVERTISING I	NJURY LIMIT	\$			
EACH OCCURRENCE LIMIT		\$			
DAMAGE TO PREMISES RENT	TED TO YOU LIMIT (ANY ONE PREMISES	\$)			
MEDICAL EXPENSE LIMIT (AN	IY ONE PERSON)	\$			

05 GL0426 00 12 07 Page 1 of 2

CLASSIFICATION	CODE NO.	PREMIUM BASIS	RATE	ADVANCE PR/CO	PREMIUM ALL OTHER
LOCATION OF ALL OR OCCUPY:	PREMISES YOU	OWN, RENT	F	NCE PREMIUM OR ∕ERAGE →	\$
FORM OF BUSINESS  Other	S:  Individual	☐ Joint Vent	ure	ship 🗌 Corpora	ation
BUSINESS DESCRIF	PTION:				
Premium is payable in installments: See endorsement.	TOTAL POLICY	Y PREMIUM	\$		
FORMS APPLICABL	E TO THIS POLIC	CY: SEE FOR	MS INDEX		
THESE DECLARATE FORMS(S) AND END CONTRACT OF INSU	ORSEMENTS, IF				
Date issued:					

05 GL0426 00 12 07 Page 2 of 2

Company Tracking Number: ARCH-07-245

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: General Liability Declaration Page Filing
Project Name/Number: General Liability Declaration Page Filing/

## **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: ARCH-07-245

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: General Liability Declaration Page Filing
Project Name/Number: General Liability Declaration Page Filing/

## **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 01/03/2008

Property & Casualty

Comments:

Attachment:

AR-NAIC.pdf

**Review Status:** 

Satisfied -Name: Filing Authorization Approved 01/03/2008

Comments: Attachment:

Filing Authorization Letter.pdf

# **Property & Casualty Transmittal Document**

	December 1 feet becomes a Deat 11 ce	Only	1 1	_		Dan autor aut	Han and		
1. Reserved for Insurance Dept. Use Only			2. Insurance Department Use only						
			a. Date the filing is received:						
			b. Analyst:						
				C.	Disposition	:			
				d.	Date of dis	position of the	e filing:		
				e.	Effective da	ate of filing:			
					New B	usiness			
					Renew	al Business			
				f.	State Filing				
				g.	SERFF Fili				
				h.	Subject Co				
			j i	11.	Subject Co	ues			
3.	Group Name							G	roup NAIC #
	Arch Capital Group								1279
4.	Company Name(s)				Domicile	NAIC #	FEIN#		State #
	Arch Insurance Company				MO	11150	43-0990	710	
	Aidi insurance dompany				IVIO	111100	70-0000	7 10	
5.	Company Tracking Number			ARCI	H-07-245				
	ntact Info of Filer(s) or Corporate C	Officer(s) [ir	ncluc		-free numbe	er]			
	Name and address	Title	ncluc	de toll- <b>Tel</b> e	ephone #s	FAX			e-mail
Coi	Name and address Christina Abate, IRC		ncluc	de toll- <b>Tel</b> e				chris	e-mail tina@ircllc.co
Coi	Name and address Christina Abate, IRC 50 Broad Street, Suite 501	Title	ncluc	de toll- <b>Tel</b> e	ephone #s	FAX		chris m	
Coi	Name and address Christina Abate, IRC	Title	nclud	de toll- <b>Tel</b> e	ephone #s	FAX			
Coi	Name and address Christina Abate, IRC 50 Broad Street, Suite 501	Title	ncluc	de toll- <b>Tel</b> e	ephone #s	FAX			
Coi	Name and address Christina Abate, IRC 50 Broad Street, Suite 501	Title	ncluc	de toll- <b>Tel</b> e	ephone #s	FAX			
Coi	Name and address Christina Abate, IRC 50 Broad Street, Suite 501	Title	ncluc	de toll- Tele 212-5	ephone #s 571-3989	FAX 212-571-250	)2		
6.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004	Title	ncluc	de toll- Tele 212-5	ephone #s 571-3989	FAX	)2		
Coi 6.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004 Signature of authorized filer	Title Analyst	ncluc	de toll- Tele 212-5	ephone #s 571-3989	FAX 212-571-250	)2		
7. 8.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004  Signature of authorized filer Please print name of authorized filer	Title Analyst		de toll- Tele 212-5	ephone #s 571-3989	FAX 212-571-250	)2		
7. 8.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004  Signature of authorized filer Please print name of authorized filer ng information (see General Instruc	Title Analyst	escrip	de toll- Tele 212-5 Chrisotions	tina Abate of these fie	FAX 212-571-250	)2		
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7. 8. Filli 9.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004  Signature of authorized filer Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI)	Title Analyst ctions for de	escrip 17.0	Chrisotions O Othe	aphone #s 571-3989 Stina Abate of these fie er Liability	FAX 212-571-250	late		
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7. 8. Filli 9. 10. 11.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004  Signature of authorized filer Please print name of authorized filer ng information (see General Instructory Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific	Title Analyst	escription 17.00   17.00   N/A	Chrisotions O Othe	ephone #s 571-3989 tina Abate of these fie er Liability Commercial	Ids)  General Liab	ilate Dility	Rate	tina@ircllc.co
7. 8. Filli 9. 10. 11.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004  Signature of authorized filer Please print name of authorized filer ng information (see General Instructory Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Company Program Title (Marketin	Title Analyst	17.0   17.0   17.0   N/A	Chrisotions O Othe Rate/Form	ephone #s 571-3989  tina Abate of these fie er Liability Commercial	Ids)  General Liab  Rules ombination R	oility  ates/Rule	Rates/Fori	tina@ircllc.co
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7. 8. Filli 9. 10. 11. 12. 13.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004  Signature of authorized filer Please print name of authorized filer ng information (see General Instructory Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Company Program Title (Marketin	Title Analyst	escription	Chrisotions Other Rate/ Form Without	ephone #s 571-3989  tina Abate of these fie er Liability Commercial	Ids)  General Liab  Rules ombination R Other (give	oility  ates/Rule	Rates/Form	tina@ircllc.co
7. 8. Filli 9. 10. 11. 12. 13.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004  Signature of authorized filer Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Company Program Title (Marketin Filing Type  Effective Date(s) Requested	Title Analyst  ctions for de	escription	Chrisotions O Othe O001 ( Rate/ Form Withow: Yes	tina Abate of these fie er Liability Commercial  /Loss Cost s	Ids)  General Liab  Rules ombination R Other (give	oility  ates/Rule:	Rates/Form	s/Rules
7. 8. Fili 9. 10. 11. 12. 13. 14. 15. 16. 17.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004  Signature of authorized filer Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Company Program Title (Marketin Filing Type  Effective Date(s) Requested Reference Filing? Reference Organization (if applicat Reference Organization # & Title	Title Analyst  ctions for de	escripping 17.Call N/A N/A N/A N/A N/A	Chrispotions OOthe OOO1 (  Rate/ Form Withow: Yes	tina Abate of these fie er Liability Commercial Loss Cost s	Ids)  General Liab  Rules ombination R Other (give	oility  ates/Rule:	Rates/Form	s/Rules
7. 8. Filli 9. 10. 11. 12. 13. 14. 15. 16. 17.	Name and address Christina Abate, IRC 50 Broad Street, Suite 501 New York, NY 10004  Signature of authorized filer Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Company Program Title (Marketin Filing Type  Effective Date(s) Requested Reference Filing? Reference Organization (if applica	Title Analyst  ctions for de	escriping 17.0 N/A N/A N/A N/A 12/2/2	Chrisotions O Othe O001 (  Rate/ Form Withow: Yes	tina Abate of these fie er Liability Commercial Loss Cost s	Ids)  General Liab  Rules ombination R Other (give oval	oility  ates/Rule: description Renewa	Rate s/Form	s/Rules

# **Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #	ARCH-07-245

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
Arch Insurance Company, a member of Insurance Services Office (ISO), is submitting an independent Commercial General Liability declaration page.
<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable)  [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$50.00
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.
***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)
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## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
(Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #  ARCH-07-245						
2.	(Company tracking number of rate/rule filing, if applicable)  N/A						
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?		If replacement, give form # it replaces	Previous state filing number, if required by state	
01	Commercial General Liability Policy - Declarations	05 GL0426 00 12 07	<ul><li>✓ New</li><li>☐ Replaceme</li><li>☐ Withdrawn</li></ul>	ent			
02			<ul><li>☐ New</li><li>☐ Replaceme</li><li>☐ Withdrawn</li></ul>				
03			<ul><li>☐ New</li><li>☐ Replaceme</li><li>☐ Withdrawn</li></ul>	ent			
04			<ul><li> □ New</li><li> □ Replacement</li><li> □ Withdrawn</li></ul>	ent			
05			<ul><li>☐ New</li><li>☐ Replacement</li><li>☐ Withdrawn</li></ul>				
06			<ul><li>☐ New</li><li>☐ Replacement</li><li>☐ Withdrawn</li></ul>				
07			<ul><li>☐ New</li><li>☐ Replacement</li><li>☐ Withdrawn</li></ul>				
08			<ul><li>☐ New</li><li>☐ Replacement</li><li>☐ Withdrawn</li></ul>	ent			
09			<ul><li>☐ New</li><li>☐ Replacement</li><li>☐ Withdrawn</li></ul>	ent			
10			☐ New ☐ Replaceme	ent			

## ARCH INSURANCE COMPANY

### **LETTER OF FILING AUTHORIZATION**

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Arch Insurance Company. This authorization extends to all correspondence regarding this filing.

Carol Kennedy	<u>December 28, 2007</u>
Name	Date

# \_\_\_\_

Vice President

Arch Insurance Company
Company

Signature (212) 651-9863
Telephone Number

**Re:** Arch Insurance Company

NAIC Number: 1279-11150; FEIN # 43-0990710

**General Liability Declaration Page Filing Filing Designation Number: ARCH-07-245**